RE: HB 5046: An Act Adopting The Interstate Medical Licensure Compact And Psychology Inter-jurisdictional Compact

March 4, 2022

Dear Representative,

I am writing in **strong support of *HB 5046***: *An Act Adopting the Interstate Medical Licensure Compact and Psychology Inter-jurisdictional Compact*. I am a licensed clinical psychologist in independent practice and specialize in treating children, adolescents, and families. In response to the COVID-19 public health emergency of 2020-2021, I transitioned from in-person to telehealth practice and doubled the size of my caseload to meet demand. I also serve as an elected representative on the Board of Directors for the Connecticut Psychological Association.

The Psychology Inter-jurisdictional Compact (or PSYPACT; https://psypact.site-ym.com/) is an interstate compact that allows temporary service delivery to patients residing in other states, increases access to mental health care and improves continuity of care for patients who cross state lines due to work, school, or other factors. The profession of psychology is moving towards full adoption of PSYPACT. At present, **28 states have enacted legislation** and are actively participating in the Compact, with an additional 9 having legislation introduced (*for a full map, see*: https://psypact.site-ym.com/page/psypactmap). Both our national and statewide associations, the American Psychological Association (www.apa.org) and the Connecticut Psychological Association (www.connpsych.org), strongly support the passage of PSYPACT legislation.

Without PSYPACT, we continue to experience chronic disruptions in mental health care for patients with variability in their physical location. I'd like to give examples of clinical cases directly impacted by these limitations (identifying information has been removed to protect patient confidentiality):

The first case example is of a young adult who resided in Connecticut and attended college out of state. The patient received intensive outpatient services in CT for an existing Mood Disorder and Attention Deficit and Hyperactivity Disorder (ADHD), which was exacerbated by a marijuana-induced psychotic episode. The patient completed the intensive outpatient program (IOP), transitioned to outpatient treatment in the community (therapy and medication prescriber), and achieved enough stability to return to college out of state. The patient still required routine therapy and medication management to maintain treatment gains and abstain from further use of substances. Due to the restrictions of practice across state lines, the patient required additional providers at his school-location and to retain his home-state providers for holiday and summer breaks. This process was challenging enough due to provider shortages and complicated by the patient's difficulty with task organization and follow through due to diagnosis of ADHD. While the parents supported the effort to secure new providers they were unable to lead service coordination due to the patient being over age 18. Due to a lack of continuity of care and frustration and discouragement felt by the patient, the patient discontinued services prematurely.

The second example is of a young adult who had an established therapeutic relationship in CT but was living out of state when the COVID-19 pandemic disrupted the patient's life. This patient began treatment in early adolescence and presented with Generalized Anxiety Disorder. As a strong therapeutic alliance formed between the patient and provider, the patient disclosed sensitive personal details including a series of traumatic experiences in childhood, depressive episodes, intense body shame and disordered eating. The patient's strong trust in the provider opened new opportunities for trauma and eating disorder

treatment. The patient went on to have several treatment episodes over five years as life circumstances changed throughout adolescence. The patient successfully and independently launched to college and early adulthood. In 2020, the patient was living out of state and re-experienced symptoms secondary to financial and employment problems that directly resulted from the COVID-19 pandemic. Emergency Executive Orders authorized the existing provider to render therapeutic services across state lines, temporarily. This allowed the patient to swiftly resume services with a provider highly knowledgeable of the patient's sensitive history, pre-existing conditions, and response to treatment. The patient seamlessly resumed therapeutic work to restore functioning and identified achievable steps towards securing employment. Prior to the completion of therapeutic work, the temporary Executive Order expired in the patient's state. The treatment was safely paused and numerous efforts were made to identify and locate a new provider (who accepted insurance and was open to new referrals). The patient transferred care to a new in-state therapist; the existing provider was not contacted for treatment records or progress reports.

These restrictions greatly limit the flexibility of patients and providers to provide seamless and continuous care, creating unnecessary barriers and logistical burdens to obtaining mental health treatment. This does not make sense, is not in the best interest of the consumers we serve, and is inconsistent with national trends and the fuller adoption of telehealth to increase access to behavioral healthcare, needed now more than ever.

As a psychologist and constituent, I strongly urge you to **support HB 5046** and do your part to ensure this bill passes during the 2022 legislative session. I have attached CPA's Fact Sheet on PSYPACT and our organization is available to provide you with additional information or respond to any questions you may have. Thank you for everything you do to support mental health and promote access to care in Connecticut.

Respectfully,

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CONNECTICUT PSYCHOLOGICAL ASSOCIATION

Fact Sheet regarding PSYPACT

The Psychology Interjurisdictional Compact (PSYPACT) is an interstate compact that increases access to mental health care and provides for continuity of care for an increasingly mobile society. It authorizes two **limited** interjurisdictional privileges. **PSYPACT:**

- Does allow for Telehealth from providers to patients in separate states.
- Does allow for up to 30 days of In-Person Face-to-Face practice.
- Does not apply to permanent In-Person Face-to-Face practice.

- **PSYPACT is not a multistate licensure compact.**
  - A psychologist must hold a current, full, and unrestricted license to practice in a HOME STATE which has enacted PSYPACT.
  - A HOME STATE maintains authority over the license of any psychologist practicing under the authority of PSYPACT.
  - A HOME STATE can impose adverse action against a psychologist's license issued by the HOME STATE.

- **PSYPACT legislation is needed in addition to our recently passed Telehealth bills,** as it pertains to the practice of telehealth by licensed psychologists across state lines, for example if a patient moves or goes to college in another state.

- **PSYPACT provides protection to the public** by certifying that psychologists have met acceptable standards of practice and provides compact states with a mechanism to address disciplinary issues that occur across state lines. To be clear, however, **a HOME STATE is not responsible for disciplinary or alternative action of out-of-state psychologists. Specifically, out-of-state psychologists could not be mandatorily assigned into HAVEN.**

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